

1 DAVID Z. CHESNOFF, ESQ.
2 *Pro Hac Vice*
3 RICHARD A. SCHONFELD, ESQ.
4 California Bar No. 202182
5 CHESNOFF & SCHONFELD
6 520 South Fourth Street
7 Las Vegas, Nevada 89101
8 Telephone: (702) 384-5563
9 dzchesnoff@cslawoffice.net
10 rschonfeld@cslawoffice.net
11 Attorneys for Defendant, ALEXANDER SMIRNOV

12 UNITED STATES DISTRICT COURT
13 CENTRAL DISTRICT OF CALIFORNIA

14 * * * * *

15 UNITED STATES OF AMERICA,)
16)
17 Plaintiff,)
18) CASE NO. 2:24-CR-00091-ODW
19 v.)
20)
21 ALEXANDER SMIRNOV,)
22)
23 Defendant,)
24)
25)
26)
27)
28)

21 **DEFENDANT'S SUPPLEMENTAL EXHIBITS TO EMERGENCY EX**
22 **PARTE MOTION FOR RECONSIDERATION REGARDING MEDICAL**
23 **FURLOUGH FOR THE NEXT THIRTY DAYS PURSUANT TO 18 U.S.C. §**
24 **3142(i) OR IN THE ALTERNATIVE FOR AN ORDER REQUIRING THE**
25 **UNITED STATES MARSHAL SERVICE TO TRANSPORT DEFENDANT**
26 **FOR SURGERY AND POST-OPERATIVE CARE WITH DR. TANAKA IN**
27 **SAN FRANCISCO, CALIFORNIA**

COMES NOW, Defendant, ALEXANDER SMIRNOV (“Mr. Smirnov”), by and through his attorneys, DAVID Z. CHESNOFF, ESQ., and RICHARD A. SCHONFELD, ESQ., of the law firm of CHESNOFF & SCHONFELD and hereby Submits these Supplemental Exhibits to his Emergency *Ex Parte* Motion for Reconsideration regarding Medical Furlough for the Next 30 Days pursuant to the authority of 18 U.S.C. § 3142(i).

Attached hereto as Exhibit 1 is a Declaration from Naser J. Khoury, Esq. (which includes grievance forms submitted by Mr. Smirnov to the Santa Ana Jail – Exhibits A-B).

Dated this 25th day of March, 2024.

Respectfully Submitted:

CHESNOFF & SCHONFELD

/s/ David Z. Chesnoff

DAVID Z. CHESNOFF, ESQ.

Pro Hac Vice

RICHARD A. SCHONFELD, ESQ.

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520 South Fourth Street

Las Vegas, Nevada 89101

Telephone: (702)384-5563

rschonfeld@cslawoffice.net

dzchesnoff@cslawoffice.net

Attorneys for Defendant

ALEXANDER SMIRNOV

CERTIFICATE OF SERVICE

I hereby certify that on this 25th day of March, 2024, I caused the forgoing document to be filed electronically with the Clerk of the Court through the CM/ECF system for filing; and served on counsel of record via the Court's CM/ECF system.

/s/ Camie Linnell
Employee of Chesnoff & Schonfeld

EXHIBIT 1

Declaration of Naser J. Khoury

DECLARATION OF NASER J. KHOURY

I, Naser J. Khoury, do hereby declare that the following statements are true and correct to the best of my knowledge and belief:

1. I am co-counsel of record for Defendant Alexander Smirnov in this Case.

2. I went to the Santa Ana City Jail this morning on March 25, 2024 and visited Mr. Smirnov. Mr. Smirnov's eyes were bloodshot, and he did not look well. He reported that he has been experiencing fogginess for the past 3 days when he wakes up in the morning and that his eyesight is deteriorating. He also reported worsening eye pain and cloudiness in his vision.

3. Attached hereto as Exhibit A is true and correct copy of a redacted grievance form from March 3, 2024 that Mr. Smirnov submitted to the jail facility.

4. Attached hereto as Exhibit B is true and correct copy of a redacted grievance form from March 20, 2024 that Mr. Smirnov submitted to the jail facility.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 25th day of March, 2024.


NASER J. KHOURY, ESQ.

EXHIBIT A

True and correct copy of a redacted grievance form from March 3, 2024 that Mr. Smirnov submitted to the jail facility.

SANTA ANA JAIL - INMATE GRIEVANCE FORM

DATE/TIME GRIEVANCE RECEIVED: 2254 3-3-24

REVIEWING OFFICER NAME/BADGE#: [REDACTED]

INMATES NAME: ALEXANDER SMIRNOV

DATE/TIME: 03/03/24 21:5

BOOKING #: [REDACTED]

P # [REDACTED]

HOUSING LOCATION: [REDACTED]

SECTION 1: CHECK THE BOX NEXT TO THE INFORMATION WHICH MOST CLEARLY IDENTIFIES YOUR COMPLAINT OR GRIEVANCE

☒ MEDICAL CARE☐ TELEPHONE USAGE☐ CLASSIFICATION ACTION☐ MAIL☐ DISCIPLINARY ACTION☐ VISITING☐ PROGRAM PARTICIPATION☐ FOOD SERVICES☐ OTHER (SPECIFY) _____☐ COMMISSARY

GRIEVANCE (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER)

I HAVE A COMPLICATED CASE OF GLAUCOMA. DOCTOR ON 02/29/24 TOOK ME OF MY NAIVE MEDICATION and didn't care me any others. He switched one drops to some other drops BUT my main one he didn't give me since I have eyes pain growing every day and I am complaining asking to see SPECIALIST.

INMATES SIGNATURE [REDACTED]

DATE/TIME: 02/03/24 21:30

MODULE OFFICERS RESPONSE AND OR ACTION

INMATE COMPLAINT OF MEDICAL TREATMENT

MODULE OFC NAME/BADGE: [REDACTED]

/# [REDACTED]

DATE/TIME: 3-3-24/2258

INMATES ACKNOWLEDGING SIGNATURE: [REDACTED]

DATE/TIME: [REDACTED]

SHIFT SUPERVISORS RESPONSE AND/OR ACTION

SHIFT SUPERVISORS SIGNATURE: [REDACTED]

/# [REDACTED]

DATE/TIME: 3-3-24/2340

INMATES ACKNOWLEDGING SIGNATURE: [REDACTED]

DATE/TIME: [REDACTED]

GRIEVANCE AND HEARING OFFICERS RESPONSE AND/OR ACTION

HSA spoke to CN - seen by MD + RN Cheryl X3. Requests of 2 eye med addressed - X1 in MAR. The other med will need request by MD 50 mg of [REDACTED] to be completed by [REDACTED] to [REDACTED]

GHO SIGNATURE: [REDACTED]

/# [REDACTED]

DATE/TIME: [REDACTED]

INMATES ACKNOWLEDGING SIGNATURE: [REDACTED]

DATE/TIME: [REDACTED]

GRIEVANCE AND HEARING SUPERVISORS OR MANAGER'S REVIEW OR RESPONSE

GRIEVANCE AND HEARING

SUPERVISOR SIGNATURE: [REDACTED]

/# [REDACTED]

DATE/TIME: [REDACTED]

INMATES ACKNOWLEDGING SIGNATURE: [REDACTED]

DATE/TIME: [REDACTED]

EXHIBIT B

True and correct copy of a redacted grievance form from
March 20, 2024 that Mr. Smirnov submitted to the jail
facility

SANTA ANA JAIL - INMATE GRIEVANCE FORMDATE/TIME GRIEVANCE RECEIVED: 3/20/24 / 12:25 REVIEWING OFFICER NAME/BADGE#: [REDACTED]INMATES NAME: SM: RYAN ALEXANDER DATE/TIME: 03/20/2024 12:20
BOOKING # [REDACTED] P # [REDACTED] HOUSING LOCATION: [REDACTED]

SECTION 1: CHECK THE BOX NEXT TO THE INFORMATION WHICH MOST CLEARLY IDENTIFIES YOUR COMPLAINT OR GRIEVANCE

- | | |
|--|--|
| <input checked="" type="checkbox"/> MEDICAL CARE | <input type="checkbox"/> TELEPHONE USAGE |
| <input type="checkbox"/> CLASSIFICATION ACTION | <input type="checkbox"/> MAIL |
| <input type="checkbox"/> DISCIPLINARY ACTION | <input type="checkbox"/> VISITING |
| <input type="checkbox"/> PROGRAM PARTICIPATION | <input type="checkbox"/> FOOD SERVICES |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | <input type="checkbox"/> COMMISSARY |

GRIEVANCE (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER)

3 weeks ago I asked to see glaucoma specialist, still waiting. I am continue to have eyes pain glt 495 10 days out of my main drops, yesterday didn't get one of them again cause it didn't arrive, strange it can't be order ahead of time. I do have very strong pain, need to see specialist. my optical never in very bad condition, here a doctor A.S.A.R waiting leads to blinewers. please

INMATES SIGNATURE: [Signature] DATE/TIME: 03/20/24 12:20

MODULE OFFICERS RESPONSE AND OR ACTION

Forward to MedicalMODULE OFC NAME/BADGE: [REDACTED] /# [REDACTED] DATE/TIME: 3/20/24@ 1249INMATES ACKNOWLEDGING SIGNATURE: [Signature] DATE/TIME: 3/20/24@ 1156

SHIFT SUPERVISORS RESPONSE AND/OR ACTION

SHIFT SUPERVISORS SIGNATURE: _____ /# _____ DATE/TIME: _____

INMATES ACKNOWLEDGING SIGNATURE: _____ DATE/TIME: _____

GRIEVANCE AND HEARING OFFICERS RESPONSE AND/OR ACTION

GHO SIGNATURE: _____ /# _____ DATE/TIME: _____

INMATES ACKNOWLEDGING SIGNATURE: _____ DATE/TIME: _____

GRIEVANCE AND HEARING SUPERVISORS OR MANAGER'S REVIEW OR RESPONSE

GRIEVANCE AND HEARING

SUPERVISOR SIGNATURE: _____ /# _____ DATE/TIME: _____

INMATES ACKNOWLEDGING SIGNATURE: _____ DATE/TIME: _____